

Flare

## Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

### Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	3-7-13 1330P	3-7-13 1355	.1	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shutdown	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Malfunction	3-6-13 304P	3-7-13 182P	22.4	20	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 3-7-13				Signature: <u>Steve Dyer</u>		

\*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

### Section 2 – Malfunction Events Only

water in K-101

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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## Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

## Section 1 - All Events

Type of Event	Military Time			Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End	Duration (hours)		Yes	No**
<input type="checkbox"/> Startup	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	3-15-13 1400	_____	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 3-15-13			Signature: <u>Doug Yeaman</u>			

Comments: Active ARPA

\*Standard Operating Procedure (SOP) for Flare Startups (Manual &amp; Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

## Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Start malfunction diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input type="checkbox"/>
9.	Fix the malfunction.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input type="checkbox"/>



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# Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

## Section 1 - All Events

Type of Event	Military Time			Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End	Duration (hours)		Yes	No**
<input type="checkbox"/> Startup	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	3-15-13 1000	_____	_____	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 3-15-13				Signature: <u>Dugger</u>		

Comments:

Active AREA Took Reading Before Took well head off Gem Didn't Take when posted it wasn't in Gem???? Too High to get reading & got well head on 6" snow

\*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

## Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). If landfill gas is being released, follow steps under No. 3.	<input type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. If other personnel or resources are not needed, go to No. 6.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Start malfunction diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). If other resources are not needed, go to No. 9.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input type="checkbox"/>
9.	Fix the malfunction.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input type="checkbox"/>



FLARE.

## Startup / Shutdown / Malfunction Report Form

 Site Name: Cottonwood Hills Recycling and Disposal Facility

### Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	<u>3-18-13 922A</u>	<u>3-18-13 922A</u>	<u>.1</u>	<u>17</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shutdown	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Malfunction	<u>3-17-13 1022A</u>	<u>3-18-13 920A</u>	<u>11.0</u>	<u>17</u>	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: <u>3-18-13</u>			Signature: <u>Sta D Spain</u>			

\*Standard Operating Procedure (SOP) for Flare Startups (Manual &amp; Automatic) and Shutdowns are provided in SSM Plan

 \*\*If SOP in SSM Plan was not followed, **notify site engineer immediately.**

### Section 2 – Malfunction Events Only

*Weather Utility*

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas is being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>



FLARE.

## Startup / Shutdown / Malfunction Report Form

 Site Name: Cottonwood Hills Recycling and Disposal Facility
**Section 1 – All Events**

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	<u>3-29-13 324p</u>	<u>3-29-13 324p</u>	<u>.1</u>	<u>6</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	<u>3-29-13 154p</u>	<u>3-29-13 324p</u>	<u>1.5</u>	<u>6</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: <u>3-29-13</u>			Signature: <u>Steve W. Jones</u>			

\*Standard Operating Procedure (SOP) for Flare Startups (Manual &amp; Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

**Section 2 – Malfunction Events Only** Well Maintenance

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Start malfunction diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input type="checkbox"/>
9.	Fix the malfunction.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input type="checkbox"/>



## Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

### Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	<u>4-8-13 508p</u>	<u>4-8-13 510</u>	<u>.1</u>	<u>1</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	<u>4-8-13 335p</u>	<u>4-8-13 508p</u>	<u>1.5</u>	<u>1</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: <u>4-8-13</u>				Signature: <u>Steve D. [Signature]</u>		

\*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

### Section 2 – Malfunction Events Only

Maintenance on Blower

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Start malfunction diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input type="checkbox"/>
9.	Fix the malfunction.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input type="checkbox"/>



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## Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

### Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input type="checkbox"/> Startup	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	4-9-13 10:00 p	10:00	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 4-9-13			Signature: <u>[Signature]</u>			

Comments: Active Area.

\*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

### Section 2 – Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Start malfunction diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input type="checkbox"/>
9.	Fix the malfunction.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input type="checkbox"/>



FLARE

## Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

### Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input type="checkbox"/> Startup	4-18-13 340P	4-18-13 342P	2	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	4-15-13 944A	4-18-13 340P	77.9	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	4-18-13	_____	_____	_____		
Date Form Filled Out: 4-18-13				Signature: <u>Steve D. Yim</u>		

\*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

### Section 2 – Malfunction Events Only

*MAINTENANCE O.D. BLOWER  
CLEAN FAN & NEW BEARINGS ON FAN. BLOWER.*

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Start malfunction diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input type="checkbox"/>
9.	Fix the malfunction.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input type="checkbox"/>



Flare.

## Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

### Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	5-17-13 2340	5-17-13 2340	1	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	5-17-13 810A	5-17-13 2360	6.4	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 5-17-13				Signature: <u>Steve W. [unclear]</u>		

\*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

### Section 2 – Malfunction Events Only

Maintenance on Blower

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Start malfunction diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input type="checkbox"/>
9.	Fix the malfunction.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input type="checkbox"/>



FLARE.

## Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

### Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	5-20-13 1045	5-20-13 1060	.1	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	5-20-13 0948A	5-20-13 1048P	3.3	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 5-20-13				Signature: <u>Sta D. Green</u>		

\*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

### Section 2 – Malfunction Events Only

MAINTENANCE ON WELL FIELD

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Start malfunction diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input type="checkbox"/>
9.	Fix the malfunction.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input type="checkbox"/>



Flare

## Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

### Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	5-20-13 4:40p	5-20-13 4:43p	0.1	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	5-20-13 3:18p	5-20-13 4:44p	1.4	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 5-20-13				Signature: <u>Steve D. Green</u>		

\*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

### Section 2 – Malfunction Events Only

Maintenance on wellfield

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas is being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Start malfunction diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input type="checkbox"/>
9.	Fix the malfunction.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input type="checkbox"/>



FLARE

## Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

## Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	5-21-13 356P	5-21-13 358P	.1	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	5-21-13 816P	5-21-13 356P	7.7	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 5-21-13				Signature: <u>Steve D. Jensen</u>		

\*Standard Operating Procedure (SOP) for Flare Startups (Manual &amp; Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

## Section 2 – Malfunction Events Only

New Cond. Pump

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Start malfunction diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input type="checkbox"/>
9.	Fix the malfunction.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input type="checkbox"/>



## Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

### Section 1 – All Events

Type of Event	Military Time			Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End	Duration (hours)		Yes	No**
<input type="checkbox"/> Startup	5-26-13 732A	5-26-13 734A	1.1	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	5-26-13 615A	5-26-13 732A	1.2	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 5-26-13				Signature: <u>Steve D. [Signature]</u>		

\*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

### Section 2 – Malfunction Events Only

Maintenance on well field.

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Start malfunction diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input type="checkbox"/>
9.	Fix the malfunction.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input type="checkbox"/>



Flare.

## Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

### Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	5-28-13 10:10A	5-28-13 10:12A	1.1	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shutdown					<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Malfunction	5-27-13 4:02A	5-28-13 10:10A	30.1	20	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction						
Date Form Filled Out: 5-28-13			Signature: <u>Steve D. Yeaman</u>			

\*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

### Section 2 – Malfunction Events Only Cond. Pump Failed.

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>



FLARE

## Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

### Section 1 – All Events

Type of Event	Military Time			Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End	Duration (hours)		Yes	No**
<input checked="" type="checkbox"/> Startup	5-29-13 11:14	5-29-13 11:16	.1	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shutdown	—	—	—	—	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Malfunction	5-29-13 3:52 A.	5-29-13 11:14 A.	7.4	20	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	—	—	—	—		
Date Form Filled Out: 5-29-13				Signature: <u>Steve D. Jensen</u>		

\*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

### Section 2 – Malfunction Events Only

Cond. Pump down.

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>



FLARE.

## Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

### Section 1 – All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	5-31-13 124A	5-31-13 124A	1	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shutdown	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Malfunction	5-30-13 714P	5-31-13 124A	6.1	20	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 5-31-13				Signature: <u>Steve D. [Signature]</u>		

\*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

### Section 2 – Malfunction Events Only

Cond Pump down.

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>



# Startup / Shutdown / Malfunction Report Form

WASTE MANAGEMENT

Site Name: Cottonwood

## Section 1 - All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	6-12-13 0110	6-12-13 0112	0.1	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	6-11-13 0110	6-12-13 0110	24	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 6-17-13				Signature: <u>[Signature]</u>		

Comments: Chart recorder sent in for repair. New chart recorder installed 6-12-13.

\*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan  
 \*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

## Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas is being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>



## Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood

## Section 1 - All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	6-17-13 0534	6-17-13 0536	0.1	98	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	6-17-13 0122	6-17-13 0534	4.1	99	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 7-10-13				Signature: <u>[Signature]</u>		

Comments: Condensate Sump water in due to Sump Pump trapping breaker.

\*Standard Operating Procedure (SOP) for Flare Startups (Manual &amp; Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

## Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas is being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



## Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood

## Section 1 - All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	6-20-13 1530	6-20-13 1535	0.1	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	6-20-13 1413	6-20-13 1530	1.2	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 7-10-13				Signature: <u>[Signature]</u>		

Comments: Header between KOP & Blower housing changed out.

\*Standard Operating Procedure (SOP) for Flare Startups (Manual &amp; Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

## Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>



## Startup / Shutdown / Malfunction Report Form

Site Name Cottonwood

## Section 1 - All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	6-23-13 0831	6-23-13 0835	0.1	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	6-23-13 2230	6-23-13 0834	10.1	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 7-18-13			Signature: <u>[Signature]</u>			

Comments: Power Outage. Amercen performing work.

\*Standard Operating Procedure (SOP) for Flare Startups (Manual &amp; Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

## Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>



## Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood

## Section 1 - All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	6-23-13 1112	6-23-13 1117	0.1	99	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	6-23-13 0948	6-23-13 1112	1.4	99	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 7-18-13				Signature: <u>[Signature]</u>		
Comments: <u>Sump Pump tripped. Corrected heater setting on Pump. Not tripping breaker anymore.</u>						

\*Standard Operating Procedure (SOP) for Flare Startups (Manual &amp; Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

## Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas is being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>



## Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood

## Section 1 - All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	6-24-13 0240	6-24-13 0245	0.1	116	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	6-24-13 0134	6-24-13 0240	1.1	116	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 7-18-13				Signature: <u>[Signature]</u>		
Comments: <u>Power Outage - Auto Restart</u>						

\*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

\*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

## Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>



## Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood

## Section 1 - All Events

Type of Event	Military Time		Duration (hours)	Event Code (see back of form)	SOP* Followed?	
	Date/Time Start	Date/Time End			Yes	No**
<input checked="" type="checkbox"/> Startup	6-27-13 1028	6-27-13 1050	22	99	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shutdown	6-24-13 1010	6-27-13 1028	72.3	99	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	_____	_____	_____	_____	Complete Section 2 Below	
<input type="checkbox"/> Non-malfunction	_____	_____	_____	_____		
Date Form Filled Out: 7-18-13				Signature: <u>[Signature]</u>		
Comments: <u>Contractor Failed to Restart Chant Recorder after installing vibration sensors &amp; Programming Yokogawa.</u>						

\*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan  
 \*\*If SOP in SSM Plan was not followed, notify site engineer immediately.

## Section 2 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Start malfunction diagnosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Contact qualified resource: a. Record contact name, date and time: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Fix the malfunction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Sign this form, copy it, and place it in the Startup Shutdowns, Malfunction file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	If the procedures listed above were not followed, contact the site engineer immediately.	<input type="checkbox"/>	<input checked="" type="checkbox"/>